



Orange County Division of Building Safety

201 South Rosalind Avenue

Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687

Phone: 407-836-5550 • Fax 407-836-5492 • Inspections ONLY: 407-836-2825

www.ocfl.net/building

Date: ____/____/____

Building Permit Number: _____

APPLICATION FOR BUILDING/LAND USE PERMIT*

* All Applications Must Comply with Concurrency Requirements

WARNING TO OWNER: "YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT."

PLEASE PRINT:

The undersigned hereby applies for a permit to make building improvements as indicated below on property.

Project Address: _____

Suite/Unit #: _____ Bldg #: _____ City: _____ Zip Code: _____

Subdivision Name: _____

Parcel ID Number: Section ____ Township ____ Range ____ Subdivision ____ Block ____ Lot ____ (15 Digit Parcel Number)

Owner Name: _____ Phone No.: (____) ____ - _____

Owner Address: _____ City: _____ State: ____ Zip Code: _____

Tenant Name: _____ Phone No.: (____) ____ - _____

Nature of Business: _____

Architect Name: _____ License No.: _____ Phone No.: (____) ____ - _____

Civil Engineer Name: _____ License No.: _____ Phone No.: (____) ____ - _____

Nature of Proposed Improvements: _____

Demolition Permit #: _____ Site Work Permit #: _____

PFCD9FHMCB SYk Yf or Septic

Permit valuation greater than \$2500 requires a notarized Page 2, and Notice of Commencement prior to the first inspection.

Is Notice of Commencement Recorded? Yes No

If there were comments on this project, how would you like to receive them?

Pick them up E-Mail (Customer shall access Web Page)

Is proposed work in response to a Notice of Code Violation written by an Orange County Inspector? Yes No

Is proposed work in response to an unsafe abatement notice? Yes No

Has project had a pre-review? Yes No If Yes, Commercial Plans Examiner(s): _____

Is building fire sprinklered? Yes No

Required work: Plumbing Electrical Mechanical Gas Roofing None

Alterations Only:

Is this a new tenant? Yes No If yes, state previous use: _____

Intended use of space: _____

List use of adjoining tenant space(s): Side: _____ Above: _____

Rear: _____ Side: _____ Below: _____

Total Job Valuation: \$ _____

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Division of Building Safety Regulations and County Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or ordinances. I hereby certify that the above is true and correct to the best of my knowledge.

PLEASE PRINT: (Check one) Owner: Contractor:

Name of License Holder/Agent: _____

Contractor License Number (if applicable): _____

Contact Phone Number: (____) ____ - _____ E-Mail Address: _____

Authorized Signature: _____

Para más información en español, por favor llame al Departamento de Building Safety al número 407-836-5550.

Permit Number